



IN THE  
UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT: Joseph Rustad  
SERIAL NO.: 10/043,824  
FILING DATE: January 11, 2002  
TITLE: Fast Transaction Response Time Prediction Across Multiple Delay Sources  
EXAMINER: Jude Jean Gilles  
GROUP ART UNIT: 2143  
ATTY. DKT. NO.: 16010-05885

**CERTIFICATE OF MAILING**

I hereby certify that this correspondence is being deposited with the United States Postal Service in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: APR 5, 2006

By: David Varn

David Varn, Reg. No. 53,718

MAIL STOP AMENDMENT  
COMMISSIONER FOR PATENTS  
P.O. BOX 1450  
ALEXANDRIA, VA 22313-1450

**AMENDMENT C AND RESPONSE UNDER 37 C.F.R. § 1.111**

Sir:

This amendment for the patent application identified above is in response to the Office action dated February 8, 2006, which set a shortened statutory period for response that expires on May 8, 2006. Applicant submits this Amendment and Response within a 3-month statutory period.

Amendments to the Claims begin on page 2 of this paper.

Remarks begin on page 8 of this paper.

Kindly amend this application as indicated herein.



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## TRANSMITTAL FORM

*(to be used for all correspondence during pendency of  
filed application)*

 <b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence during pendency of filed application)</i>	Application Number	<b>10/043,824</b>	
	Filing Date	<b>January 11, 2002</b>	
	First Named Inventor	<b>Joseph Rustad</b>	
	Group Art Unit Number	<b>2143</b>	
	Examiner Name	<b>Jude Jean Gilles</b>	
Total Number of Pages in This Submission	<b>14</b>	Attorney Docket Number	<b>16010-05885</b>

**ENCLOSURES (check all that apply)**

<input checked="" type="checkbox"/> Fee Transmittal Form (in duplicate)	<input type="checkbox"/> Issue Fee Transmittal
<input type="checkbox"/> Check Enclosed	<input type="checkbox"/> Letter to Chief Draftsperson
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<input type="checkbox"/> Assignment & Recordation Cover Sheet	<input type="checkbox"/> Appeal Communication to Board of Appeals and
<input type="checkbox"/> Declaration	<input type="checkbox"/> Interferences
<input type="checkbox"/> Power of Attorney	<input type="checkbox"/> Appeal Communication to Group
<input type="checkbox"/> Application Data Sheet	<i>(Appeal Notice, Brief, Reply Brief)</i>
<input type="checkbox"/> Information Disclosure Statement & PTO/SB/08A	<input type="checkbox"/> Certified Copy of Priority Document(s)
<input type="checkbox"/> Copies of IDS Cited References	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Request for Corrected Filing Receipt	<input type="checkbox"/>
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<input checked="" type="checkbox"/> Amendment/Response: [11] Page(s)	<input type="checkbox"/>
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<input type="checkbox"/> Revocation and Substitute Power of Attorney	<input type="checkbox"/>

**REMARKS:**

**SIGNATURE OF ATTORNEY OR AGENT**

SIGNATURE OF ATTORNEY OR AGENT:	
Signature:	<i>David K. Varn</i>
Attorney/Reg. No.:	David K. Varn, Reg. No. 53,718
Dated: <i>April 5, 2006</i>	

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Signature:		
Typed or Printed Name:	David K. Varn	Dated: <u>April 5, 2006</u>
Express Mail Mailing Number (optional):		

